



Bureau of EMS Newsletter

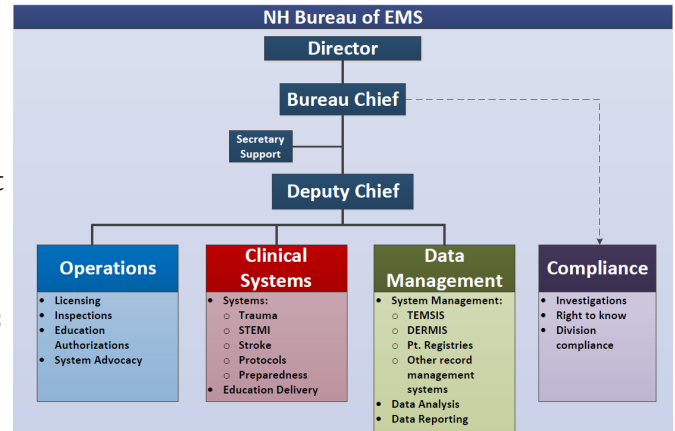
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Message from the Bureau Chief

Hello NH EMS,

We hope everyone is enjoying summer and taking a break from work! The Bureau continues to move forward working on many exciting projects. Most notably we announced in June that we were reorganizing core functions to enhance services and shift resources where needed. This several month process has begun and you will see changes as we move forward. I ask that you are patient while we transition. The following is a synopsis of the reorganization:



Operations – (formerly Field Services) focusing on licensing, vehicle inspections, education regulation

Clinical Systems – (formerly ALS) focusing on systems of care, including trauma, STEMI, stroke, protocols, and education delivery

Data Management – (formerly Research and Data Quality Management) focusing on managing our data systems and utilizing the collected data to drive the direction of our system.

Compliance - unchanged

EMS Bill signed by Governor – Taking Effect January 2017:

The EMS Law, RSA 153-A has been changed. This bill will do several things for us including, but not limited to:

- updating our definition of patients to align with actual calls and support Mobile Integrated Healthcare (MIH),
- expand the locations where EMS can work by using a more inclusive definition of a healthcare facility,
- align EMS with healthcare’s understanding of ethics with a definition used in nursing and medicine in New Hampshire,
- removing the statement of ‘in the practice of his or her profession’ regarding knowingly making misleading, deceptive, untrue, or fraudulent representations,
- adding a penalty for falsely accusing an EMS provider of wrongdoing or providing knowingly false information during an investigation,
- replacing an exemption for the Division and the Police Academy that was inadvertently removed last year, and
- instituting an FBI fingerprint criminal background check for a small list of EMS providers including: initial licenses, late renewals, or reinstating a provider’s license after formal license action has been taken. This mainly helps filter out providers with significant criminal records who come to New Hampshire to escape issues in another state
- No changes will take place until January 2017

Be safe. As always please contact the Bureau if you have any questions or concerns.

Thanks,
Chief Mercuri

- We have an online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).

- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. [Check out our Monthly Continuing Education Seminars!](#)

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Emergency Services Data Management: Changes to TEMSIS Staff and Section at the Bureau

Recently the official name of the TEMSIS team section- “Research and Quality Management” Section was changed to “Emergency Services Data Management” to better reflect our current and future functions. The name of our state ePCR software - TEMSIS - has changed to Elite.

Within the Bureau of EMS, we have also done some reorganization of functions and staff assignments- again to better meet our current and future functions. This has led to a couple of changes in our TEMSIS team. The new team consists of:

Chip Cooper, Emergency Services Data Manager

Todd Donovan, Program Coordinator:

- Todd’s Focus areas are Data Reporting, Benchmarking, and Quality Management.
- Todd is part-time and works 20 hours per week.

Kim Mattil, TEMSIS System Program Specialist:

- Kim has moved over from being a regional education specialist. We welcome Kim to the team for much needed help!
- Kim’s primary functions will be technical support and TEMSIS system management.
- TEMSIS system management is complex and takes some time to learn all the ins-and-outs. Kim will be learning the system as she works with you, so please have patience!

Vacant, Data Analyst

- This is a full-time position created to meet the growing needs for analyzing all of our EMS data.
- This person’s primary function will be extracting, compiling, analyzing, and reporting data for the Division. The new data analyst will also provide support to services in their efforts to build reports.
- We expect the hiring process to fill this position to begin this month and hope to have someone in the position by September!

We bid farewell to Jack Hedges, who was a part-time member of our support team for the last 4 ½ years! Jack submitted his resignation. He felt his growing duties as a full-time fire officer, GIS and dispatch data specialist and bachelor’s degree student were making it too difficult for him to commit the time needed to the Bureau (something about needing sleep occasionally!). Jack has been a tremendous asset to the Bureau over the years and will be missed. We wish him the best of luck in his career and suspect we will see him again someday as a chief somewhere!

Emergency Services Data Management: TEMSIS Transition to Elite

The full TEMSIS transition to the Elite version on June 1st was surprisingly smooth. There have been a few challenges, which we continue to work through, but overall, we have been getting positive reports from providers and service Chiefs from around the state.

Emergency Services Data Management: TEMSIS Login Page Links

We are near having the previous links added back to the TEMSIS log in page. This will include links for the helpdesk, NHOODLE, the Bureau website and EVENT reporting. In the meantime, please continue to send us feedback or issues at temsis@dos.nh.gov.

Clinical Systems : Update

In the coming months the Trauma Medical Review Committee (TMRC) and the Medical Control Board (MCB) will be considering introducing Tranexamic Acid (TXA) into the NH Patient Care Protocols. TXA is used to help control bleeding in severely injured patients as an antifibrinolytic. In order to understand how TXA works let's review fibrinolysis:



Fibrinolysis or clot destruction.

We are familiar with thrombolytic medications such as tPA (tissue plasminogen activator) used in acute myocardial infarcts and stroke; thrombo + lysis means to break apart the thrombus or clot. Fibrin is the substance that forms the matrix of a clot and gives it strength. The plasma protein plasminogen is activated by thrombin and naturally occurring tissue plasminogen activator (tPA), which is released by damaged tissue. Plasminogen produces plasmin which digests the fibrin strands and breaks down the clot. A thrombolytic and fibrinolytic are used interchangeably and in this case can be considered the same. TXA is an ANTI-fibrinolytic, which means it prevents clots from breaking down.

TXA is a synthetic amino acid (lysine) that blocks plasminogen from being converted to the enzyme plasmin. It prevents plasminogen activators from attaching to the lysine binding sites of a clot, thereby assisting in the hemorrhage control.

Indications would include:

- Significant trauma with evidence of hemorrhage and presence of hemodynamic instability and the ability to transfer to a facility that could continue the TXA regime.
- Administration:
 - 1 gram of TXA in 100 mL 0.9% NaCl over 10 minutes.

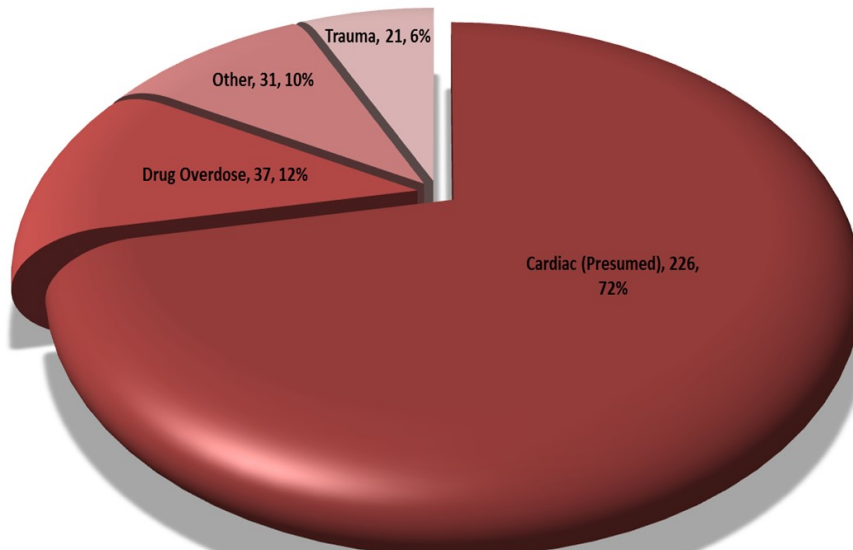
NOTE: A protocol for TXA has **NOT** been approved at this time. This article serves as education regarding the use of TXA. For more information please see:

<http://www.ncbi.nlm.nih.gov/pubmed/23477634>

Emergency Services Data Management: Pie Chart

Top 5 Cardiac Arrest Etiologies

Elite (June 1, 2016 Thru July 20, 2016)



EMS Operations : A New Chapter

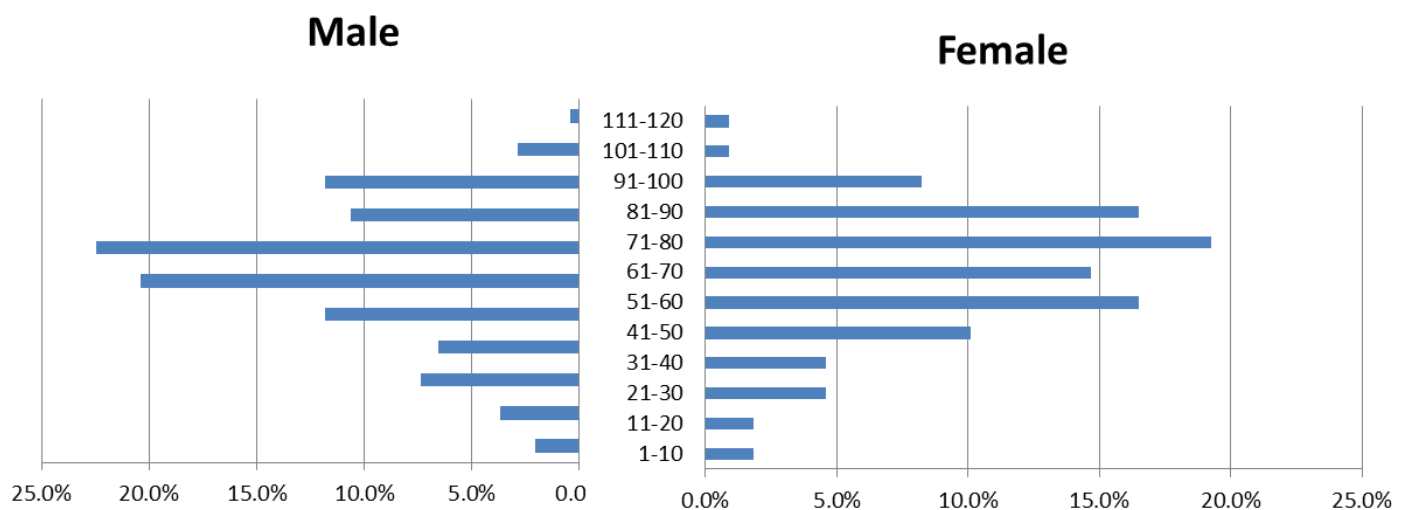
As mentioned in the Bureau Chief's article concerning the 2016 Bureau reorganization, what *was* the "EMS Field Services" section will be transitioning to a section entitled "EMS Operations". This section will continue to handle the many levels of licensing that we have always had (Unit, Vehicle, Provider, Wheelchair van-for-hire Companies and vans and Instructors), but will now be taking on the regulatory aspects of EMS Education (Course authorizations, Exams, Instructor support, and Education oversight).

During the summer/early fall months, when the volume of EMS Provider and Unit licensing is lower, this transformation/transition will begin to take place. As we become settled into our new roles, we will inform the EMS community of the correct contact information. Until that time, please contact the general number at the Academy (603-223-4200) where our reception staff will connect you to the EMS Operations Staff member handling your specific concern. Thank you for your patience, and we look forward to working with you.

EMS Operations : Vehicle Inspections

The late spring and summer months have given the EMS Field Services / EMS Operations section a chance to get caught up on vehicle inspections. The Inspection staff is appreciative of the Unit and Company Leaders that have worked so diligently with us to coordinate inspections. We will be continuing to move quickly on inspections of new ambulances and wheelchair vans and plan to be back into a regular schedule for the maintenance of biennial inspections that are required by administrative rule. Currently, the lists of required equipment posted on the Bureau's website have a 2010 date on the document. Please note that this is valid and will not change until the administrative rules are updated. If you have any questions on inspection requirements, please do not hesitate to contact us (603-223-4200).

Emergency Services Data Management: Graph on Cardiac Arrests Gender Breakdown



All Cardiac Arrests in Elite from June 1, 2016 through June 20, 2016

also see pie chart on page 3

BEMS : EMS Services Awarded Child Safety Restraints



The EMS for Children Program is pleased to announce that 18 EMS services have been awarded the Quantum-EMS Ambulance Child Restraint System (ACR4). The system fits children from 4 to 99 lbs and may be used on any ambulance stretcher. One advantage of this restraint is that children may be placed in a reclining position with the chest and abdomen exposed. The 2016 award was made possible through a grant from the NH Office of Highway Safety.

Preparedness & Special Projects : Statewide AED Project

To date 3,621 AED's contained in the NH "AED Registry" database. NH AED "Direct Purchase" Opportunity available to any interested parties and in effect through July 31, 2018. Information packets available through NHBEMS.

Preparedness & Special Projects : FirstNet and EMS

Federally legislated, the FirstNet mission is to implement a nationwide public safety broadband network. The intent is to provide mission-critical, high-speed mobile data services to supplement today's 2-way public safety radio networks; System development to provide video, text, graphics and voice to allow for on-scene and transport EMS-Medical Control consultations to enhance decision-making and treatment capabilities. A synopsis of the FirstNet initiative can be found at <http://firstnet.gov/about/why>.



FirstNet and Emergency Medical Services

WHAT IS THE FIRST RESPONDER NETWORK AUTHORITY (FirstNet)?

FirstNet is an independent authority within the U.S. Department of Commerce's National Telecommunications and Information Administration. FirstNet is governed by a 15-member Board consisting of the Attorney General of the United States, the Secretary of Homeland Security, the Director of the Office of Management and Budget, and 12 members appointed by the Secretary of Commerce. The FirstNet Board is composed of representatives from public safety; local, state and federal government; and the wireless industry.

Federal legislation creating FirstNet was signed into law in February, 2012. FirstNet has been obligated by Congress to take all actions necessary to ensure the building, deployment and operation of the nationwide public safety broadband network. FirstNet will provide a single, broadband, interoperable platform for public safety mobile communications.

WHAT WILL BE POSSIBLE WITH THE FIRSTNET NETWORK?

FirstNet will enable emergency medical services personnel to exchange key diagnostic information with doctors and provide treatment to patients like never before. Imagine a day when one interoperable communications network will provide high speed data, including video, text, graphics and eventually voice, to connect all of the participants in an EMS encounter. FirstNet will provide the broadband connectivity between EMS and hospitals to support advanced diagnostics and treatment in the field, with solid physician oversight and advice. In addition, access to many useful databases and applications will be supported.

FirstNet's goal is to provide public safety-grade reliability and sufficient coverage so EMS personnel can count on the network when they are on the job. EMS chiefs and local officials will have local control over the network so they can assign users and talk groups and determine who can access applications.

When the FirstNet network launches, it will provide mission-critical, high-speed mobile data services to supplement the voice capabilities of today's traditional public safety Land Mobile Radio (LMR) networks. Initially, the FirstNet network will be used for sending data, video, images and text. The FirstNet network will also carry location information and support streaming video. As the 4G LTE standard used by the FirstNet network matures, voice communication will also be part of the FirstNet offering.



WHY WAS FIRSTNET CREATED?

The 9/11 Commission recommended that a nationwide, dedicated, reliable network for public safety communication be created. The public safety community lobbied Congress to pass legislation to provide for this advanced data communications network. Some EMS services already make use of broadband data connectivity provided by commercial cellular providers. But, during emergencies, EMS personnel need priority access and preemption that are not available on existing commercial networks.

HOW WILL THE FIRSTNET NETWORK BENEFIT EMS?

Using the FirstNet network will improve situational awareness and decision-making by bringing broadband, high speed data connectivity to the ambulance and the patient in the field. The FirstNet network will make it possible to use new diagnostic tools, such as ultrasound and CT in the ambulance, to enhance decision making and treatment capability. The broadband connectivity provided by FirstNet will bring the "hospital to the ambulance" like never before possible. This kind of connection, while units are on the scene and during transport, will improve all levels of pre-hospital care.

WHAT WILL USERS PAY FOR FIRSTNET'S SERVICES?

While final costs have not been set, FirstNet intends to offer services at a compelling and competitive cost to attract millions of public safety users and make FirstNet self-sustaining. The use of FirstNet's services and applications will be voluntary.

HOW CAN MY LOCAL HOSPITAL AND EMS AGENCY PARTICIPATE IN THE DEVELOPMENT OF THE FIRSTNET NETWORK?

The Governor of each State has designated a Single Point of Contact (SPOC) to gather local requirements for the network from each community, tribal region, and public safety entity. EMS personnel can provide input to FirstNet through the SPOC in your State. To identify the SPOC for your state and become involved, go to <http://firstnet.gov/consultation>. EMS personnel may also contact members of the FirstNet Public Safety Advisory Committee (PSAC). More information regarding the PSAC and its membership is available at <http://firstnet.gov/about/public-safety-advisory-committee>. To stay up-to-date on FirstNet activities, EMS personnel can track progress at www.firstnet.gov. Look for FirstNet representatives and displays at many EMS conferences around the nation.

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BEMS : Online Training Opportunities

The Online Learning Academy is home to numerous online training opportunities for the EMS Community. After logging into OLA, and navigating here: <https://nhoodle.nh.gov/ola/course/index.php?categoryid=13> you can enroll and partake in new learning opportunities, worth Continuing Education Credit!

Classes include:

- EMS in the Warm Zone – Awareness Level : Pre-req to Operations and Task Force Level training, *coming soon!*
- Nasal Narcan Administration
- LCCR-Advanced Spinal Assessment/Spinal Motion Restriction

Join the thousands that have already completed this training!

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